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	Attorn y D cket Num	ıb r	8505 (OL)				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Initial Filing  OR Wigner (37 CFR 1.16 (e)) required)	First Named Inventor	James K. Prueitt					
	COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Number 09 / 870,538						
	Filing Date	M	ay 30, 2001				
Submitted OR Submitted after Initial	Group Art Unit	21	2152				
Filing (37 ČFR 1.16 (e))	Examiner Name	TI	3D				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD AND SYSTEM FOR GENERATING A PERMANENT RECORD OF  A SERVICE PROVIDED TO A MOBILE DEVICE									
the specification of which (Title of the Invention)  is attached hereto OR									
was filed on (MM/D	05/30/	2001 as United	d States Applicat	tion Number or PCT International					
Application Number	9/870,538 and w	as amended on (MM/DD/Y	YYY)	(if applicable).					
I hereby state that I have r	eviewed and understand the ent specifically referred to abo	contents of the above ident	tified specification	n, including the claims, as					
• •	disclose information which is		defined in 37 CE	D 1 56					
Tacknowledge the duty to	disclose information which is	material to pateritability as	defined in 37 Ci	N 1.30.					
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
None	None								
110110	None								
☐ Additional foreign applic	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached hereto:					
	under 35 U.S.C. 119(e) of an	<del></del>	application(s) lis	ted below.					
Application Number	r(s) Filing Date	e (MM/DD/YYYY)							
None		Jone	numbe	onal provisional application ers are listed on a					
			• •	emental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]

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### **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U	U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)			Parent Patent Number				
None														
Additiona	I U.S. or I	PCT internationa	l applica	ition numbers ar	e listed on	a supp	olemen	tal priority data	sheet P	TO/SB/	02B attached	hereto.		
As a named inv	ventor, I h	nereby appoint th	e follow	ing registered pr	actitioner(:	s) to pi	rosecut	e this application	on and to	transa	ct all business	in the Patent		
and Trademark	Office co	onnected therew	ith:	Customer Num OR	ber					▶	Place Cus Number Ba			
			X	Registered prac	ctitioner(s)	name/	registra	ation number lis	sted belo	,, L	Labelh			
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Additional	registere	d practitioner(s)	named o	on supplemental	Registere	d Pract	titioner	Information she	eet PTO	/SB/02C	attached her	eto.		
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City	<b></b>	bridge					tate	MA	ZIP	021				
Country	U.S.			Telephon	e 781-	386	-606.	3	Fax	781-	31-386-6435			
believed to be punishable by	true; an	Il statements mad d further that the mprisonment, or at issued thereon	ese stat both, u	ements were m	ade with t	he kno	owledge	e that willful fa	lse state	ements	and the like s	so made are		
Name of S	ole or I	First Invento	r:				A petiti	ion has been	filed fo	r this u	insigned inv	entor		
G	iven Naı	me (first and m	iddle [i	f anyl)				Family	y Name	or Sur	rname/			
		James	K.	A						eitt				
Inventor's Signature		In	neo_	& Pme	de						Date	6/12/01		
Residence:	City	Dedham		State	ΜA	<u> </u> c	ountry	US			Citizenship	us'		
Post Office A	ddress	51 Turner S	treet			_								
Post Office A	Address	Same												
City		Dedham	State	MA	ZIP	0	2026		Cou	ntry	US			
★ Additiona	l invento	rs are being n	amed o	on thesup	plement	al Ado	litional	Inventor(s)	sheet(s	PTO/S	SB/02A atta	ched hereto		



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#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

		$\neg$			:				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Family Name or Surname									
		Pineau							
Inventor's Signature	Ruhar	Lt	meu	<u></u>		6	-7 -0 Date	1	
Residence: City	No. Andover	State	MA	Country U.S.				J qii	J.S.
Post Office Address	395 Chestnut Street								
Post Office Address	Same						<b>,</b>		
City	No. Andover	State	MA	ZIP C	)1845	Country	U.S.		_
Name of Addition	Name of Additional Joint Inventor, if any:								
Given Na	me (first and middle [if any]	)			Family Nam	ne or Su	urname		
Kevin F. : Bernier									
Inventor's Signature	heut ben			6.3					
Residence: City	Brookline	State	MA	Country	U.S.		Citizen	ship	U.S.
Post Office Address	53 Gardner Road								
Post Office Address	Same								
City	Brookline	State	МА	ZIP	U.S.	Count	U.	S	
Name of Addition	nal Joint Inventor, if an	y:		A petition	on has been filed	for this	s unsign	ed inv	entor
Given Na	me (first and middle [if any]	)			Family Nam	ne or Si	urname		
	Todd M.				L	ynton			
Inventor's Signature	-th		Date		6-7-01				
Residence: City	Cambridge	State	MA	Country U.S.			Citizenship Australia		
Post Office Address	1008 Massachusetts	Avenue	e, Apt. 411						
Post Office Address	Same								
City	Cambridge State MA ZIP U.S. Country U.S.								

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### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_2\_ of \_2\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Nar	me (first and middle [if any]		Family Name or Surname								
Scott D.	D. Wicker										
Inventor's Signature	Litt Ve								6	12/01	
Residence: City	Andover State MA Countr					U.S.		Citizens	Citizenship U.S.		
Post Office Address	e Address Same										
Post Office Address	11 Rennie Drive										
City	Andover	State	MA		ZIP (	J.S.	Country	U.S.			
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	on has been filed	for thi	is unsign	ed inv	entor	
Given Nar	me (first and middle [if any]	)				Family Nan	ne or S	urname			
Inventor's Signature								Da	te		
Residence: City		State		Country			Citizenship				
Post Office Address											
Post Office Address											
City		State			ZIP		Coun	try			
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	on has been filed	d for thi	is unsign	ned inv	rentor	
Given Nar	me (first and middle [if any]	))				Family Nan	ne or S	urname			
Inventor's Signature		_						Da	te		
Residence: City	State _ Count					Country Citizenship					
Post Office Address											
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